

HEARING OFFICER: *After each hearing, please mail an initial report, legibly written to Board of Claims, 130 Brighton Park Blvd., Frankfort, KY 40601. Also, notify the parties in writing of any time allowed for medical or expert proof or for briefing (other than the 30 concurrent days allowed by Board rules), and send a copy of the notice to the Board's office.*

**HEARING OFFICER'S INITIAL REPORT**

**CLAIM NO.** \_\_\_\_\_

Hearing Date \_\_\_\_\_ vs.

Place \_\_\_\_\_

Name and address of Court Reporter who recorded proceedings \_\_\_\_\_

1. \_\_\_\_\_ The hearing was held today as scheduled, proof was completed, and I will send the findings of facts within 30 days.

2. \_\_\_\_\_ The hearing was held. Additional proof is to be submitted within 30 days by deposition.

3. The hearing was held. Medical \_\_\_\_\_ or expert \_\_\_\_\_ proof is to be submitted, for which the \_\_\_\_\_ shall be allowed \_\_\_\_\_ days after the hearing. Then the \_\_\_\_\_ shall be allowed \_\_\_\_\_ days, after which the \_\_\_\_\_ shall then have 5 days for rebuttal.

4. \_\_\_\_\_ I have ordered a typed transcript.

5. Any other orders to parties (such as briefs ordered and time allowed therefore, etc.)

6. Hearing was not held today as scheduled, for the following reason: \_\_\_\_\_

7. Other: \_\_\_\_\_

\_\_\_\_\_  
Hearing Officer